

Date Received: \_\_\_\_\_

Case Number: \_\_\_\_\_



## Application for Reasonable Accommodation

Pursuant to City Code Chapter 17, Division V “Reasonable Accommodation or Modification for Residential Uses”, the City of Fort Worth seeks to provide a process for consideration of reasonable accommodation requests related to **residential dwellings**. A reasonable accommodation is any modification of the City’s zoning, land use and other regulations, rules, policies and practices to ensure **equal access to housing** and to ensure a person with a disability has an equal opportunity to enjoy a dwelling.

Should you need assistance in completing this application, please ask staff in the Planning and Development Department by calling 817-392-2733 or 817-392-2222, by emailing [boardofadjustment@fortworthtexas.gov](mailto:boardofadjustment@fortworthtexas.gov), or by visiting the department on the lower level of City Hall, 1000 Throckmorton Street, Fort Worth, TX 76102.

**No fee is required for an application for reasonable accommodation.**

An application for accommodation may be submitted **at any time** as necessary to afford the person with a disability equal opportunity to use and enjoy the dwelling.

### Applicant and Property information:

1. Address of the property for the accommodation:

\_\_\_\_\_

2. Name of Applicant requesting accommodation \_\_\_\_\_

Relationship to person with disability if not the applicant:

\_\_\_\_\_

May be any person(s) with disability, his or her representative, or a developer or provider of housing for persons with disabilities.

3. Permanent Address of Applicant \_\_\_\_\_

4. Applicant phone \_\_\_\_\_ Email address \_\_\_\_\_

5. If the applicant is applying on behalf of a person with a disability, the name and address of the person with a disability:

Name \_\_\_\_\_ Address \_\_\_\_\_

6. Property Owner name (if different from above): \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

7. Identify the reasonable accommodation requested and the specific regulations, policy or procedure from which the waiver or deviation is requested.

\_\_\_\_\_  
\_\_\_\_\_

8. Describe how the person, or persons on behalf of which this application is being made, is considered disabled under the Fair Housing Act and the Americans with Disabilities Act.

\_\_\_\_\_  
\_\_\_\_\_

9. Give the reason that an accommodation may be necessary for the use and enjoyment of the dwelling.

\_\_\_\_\_  
\_\_\_\_\_

10. Please attach any documents that you wish to provide to support your request for an accommodation. In most cases, an individual's medical records or detailed information about the nature of the person's disability is not necessary for this application.

**Note:** The City may request any other information as necessary in order to make the findings required by Section 17-113, in accordance with applicable local, state and federal Fair Housing laws. Any personal information regarding disability status identified by an applicant as confidential shall be retained in a manner so as to respect the privacy rights of the applicant and/or person with a disability and shall not be made available for public inspection.

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**Acknowledgement:**

I certify that the above statements are true and correct to the best of my knowledge.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_